

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G700		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/21/2013	
NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 7318 ARKANSAS AVE HAMMOND, IN 46323			
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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/21/13</p> <p>Facility Number: 003148 Provider Number: 15G700 AIM Number: 200360500</p> <p>Surveyors: Joe L. Brown, Jr., Life Safety Code Specialist and Robert Sutton, Life Safety Code Specialist Trainee.</p> <p>At this Life Safety Code survey, The Arc of Northwest Indiana, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Care Occupancies.</p> <p>This one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, client sleeping rooms and in common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.64.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/25/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2013

FORM APPROVED

OMB NO. 0938-0391

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice had the potential to affect all residents, staff, and visitors.</p>	KS152	The Area Manager will retrain Direct Support Professionals on the time frames for the different shifts as required by the evacuation drills. Training is to include varying the time of the evacuation drills and making sure that the time of the drill is clearly within the shift required, paying special attention to the timeframes at the end of the third shift and the beginning of the first	03/13/2013			

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	<p>Findings include:</p> <p>Based on record review with the Maintenance Director from 12:15 p.m. to 1:30 p.m. on 02/21/13, the Maintenance Director did not have documentation verifying fire drills for the fourth quarter of 2012.</p> <p>Based on interview with the Maintenance Director on 02/21/13 between 12:15 p.m. to 1:30 p.m., he confirmed that the facility did not have documentation for the fourth quarter fire drills.</p>			<p>shift. The Area Manager will be present for the first evacuation drills after retraining to ensure that all staff are informed and able to carry out the necessary evacuation drills. To ensure future compliance, the Area Manger will monittor evacuation drills 2x a month x 3 months, then monthly thereafter. The tracking system for monitoring evacuation drills will be revised and reviewed monthly to ensure timeless of training and drill.</p>			